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Please acknowledge receipt of the accompanying:

- XX Amendment (18 pages)
- XX Transmittal (1 page)
- XX Certificate of Transmission by Facsimile (1 page)

Applicant's Name: Douglas J. Kelly

Title: GARMENT LABEL

Application No.: 10/714,275

Examiner: Cassandra Hope Davis

Our Docket No.: 0429-104790

Client: DOUGLAS J. KELLY

Atty/Sec: Tsircou/Johnson

Date Filed: 11/14/2003

Group Art Unit: 3611

Confirmation No.: 2042

Date Transmitted: 09/13/2005

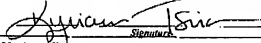
Date Due: 09/14/2005

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W03-1A1K1107040141

PAGE 1/20 * RCVD AT 9/13/2005 7:25:23 PM [Eastern Daylight Time] * SVR:USPTO-EFAX-6/27 * DNIS:2738300 * CSID:213 620 1398 * DURATION (mm-ss):04:42

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AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. 04Z9-104790	
Applicant(s): Douglas J. Kelly						
Application No. 11/714,275	Filing Date 11/14/2003	Examiner Cassandra Hope Davis	Customer No. 30764	Group Art Unit 3611	Confirmation No. 2042	
Invention: GARMENT LABEL						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	17 -	33 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	3 -	4 =	0	x \$100.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ In the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1853 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  Kyriacos Tsircou, Esquire Registration No. 53,705 Sheppard, Mullin, Richter & Hampton LLP 333 South Hope Street, 48th Floor Los Angeles, California 90071-1448 (213) 620-1780 </div> <div style="width: 50%;"> Dated: September 13, 2005 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div> </div> </div>						
CC:						

SEP 13 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 11/714,275
Applicants : Douglas J. Kelly
Filed : November 14, 2003
TC/A.U. : 3611
Examiner : Cassandra Hope Davis
Docket No. : 0429-104790
Customer No. : 30764

Confirmation No. 2042

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Office Action mailed June 14, 2005. Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 6 of this paper.